COLORADO
Department of Health Care Policy & Financing

Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) Network Participation Verification

Provider Request

This form serves to confirm participation of a Health First Colorado or Child Health Plan *Plus* (CHP+) provider in a Managed Care Organization (MCO) or Regional Accountable Entity (RAE) that is contracted with the Department of Health Care Policy and Financing (HCPF). This verification is required when a provider enrolls as a new Health First Colorado or CHP+ provider, when a current provider updates Health First Colorado or CHP+ network participation, and when a provider completes the Health First Colorado and CHP+ provider revalidation process. **Note: Verification of RAE participation is required only for RAE contracted behavioral health providers.**

Instructions: Complete this form and upload it as an attachment from the "Attachments and Submit" page of the online Provider Maintenance tool in the Provider Web Portal.

Select the program(s) in which the provider participates as a network provider:

- ☐ ASOD - DentaQuest USA Insurance
- ☐ CHP+ - Colorado Access
- ☐ CHP+ - DentaQuest USA
- ☐ CHP+ - Denver Health Medical Plan Inc.
- ☐ CHP+ - Friday Health Plan
- ☐ CHP+ - Kaiser Permanente
- ☐ CHP+ - Rocky Mountain HMO Inc.
- ☐ MCO - Denver Health Medical Choice
- ☐ MCO - Rocky Mountain Health Plans Prime
- ☐ MCO - Total Longterm Care Pueblo (PACE)
- ☐ MCO - TRU Community Care (PACE)
- ☐ PACE - HopeWest
- ☐ PACE - InnovAge/Total Longterm Care Aurora
- ☐ PACE - InnovAge/Total Longterm Care Denver
- ☐ PACE - InnovAge/Total Longterm Care Lakewood
- ☐ PACE - InnovAge/Total Longterm Care Loveland
- ☐ PACE - InnovAge/Total Longterm Care Thornton
- ☐ PACE - Rocky Mountain Health Care Services
- ☐ PACE - Senior Community Care
- ☐ RAE (Region 1) Rocky Mountain Health Plans
- ☐ RAE (Region 2) Northeast Health Partners
- ☐ RAE (Region 3) Colorado Access
- ☐ RAE (Region 4) Health Colorado, Inc.
- ☐ RAE (Region 5) Colorado Access
- ☐ RAE (Region 6) Colorado Community Health Alliance
- ☐ RAE (Region 7) Colorado Community Health Alliance
- ☐ Colorado Access Behavioral Health for Denver
- ☐ Health Medicaid Choice (DHMC)

Provider Information

Provider Legal Name (group or individual): _____

Provider Doing Business As (DBA) Name (if applicable): _____

National Provider Identifier (NPI): _____ NPI Zip Code +4: _____ Medicaid ID (if applicable): _____
(**Note**: If new provider, state "pending".)

I attest that this information is true:

Provider/Attester Printed/Typed Name: _____

Provider/Attester Signature: _____ *Date:* _____

Contact your MCO / RAE provider relations representative for any questions about the use of this form.

Revised January 2022